

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2	1							
3	1							
4		2						
5		2						
6		1						
7		1						
8		1						
9		1						
10		1						
11	1							
12		2						
13		2						
14		1						
15	1							
16		1						
17		1						
18		1						
19		1						
20		1						
21		1						
22		2						
23		2						
24		2						
25		2						
26		1						
27		1						
28		1						
29		1						
30	1							
31		1						
32		1						
33	1							
34	1							
35	1							
36		3						
37		3						
38		3						
39		3						
40		1						
41		1						
42		1						
43	1							
44		1						
45	1							
46		1						
47		1						
48		1						
49		1						
50	1							
51	1							
52	1							
53		2						
54		2						
55		1						
56		1						
57		1						
58		1						
59		1						
60	1							
61		2						
62		2						
63		1						
64	1							
65		1						
66		1						
67		1						
68		1						
69		1						
70		1						
71		2						
72		2						
73		2						
74		2						
75		1						
76		1						
77		1						
78		1						
79	1							
80		1						
81		1						
82	1							
83	1							
84	1							
85		3						
86		3						
87		3						
88		3						
89		1						
90		1						
91	x	1						
92	1	x						
93	1	1						
94	1	x						
95	x	1						
96		1						
97		1						
98		1						
99		1						
100	22							
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		↓		↓		↓		
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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